

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AK</i>	<i>12142</i>	<i>4/8/00</i>
O.I.P.E. CLASSIFIER	<i>DA</i>	<i>8</i>	<i>7/1/00</i>
FORMALITY REVIEW	<i>DA</i>	<i>60125</i>	<i>8/28/00</i>
RESPONSE FORMALITY REVIEW		<i>71971</i>	<i>11/4</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

APPLICANT

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Form PTO (Rev. 5/99)

Claim	Final	Original	Date
1	✓	✓	6/11/01
2	✓	✓	6/11/01
3	✓	✓	6/11/01
4	✓	✓	6/11/01
5	✓	✓	6/11/01
6	✓	✓	6/11/01
7	✓	✓	6/11/01
8	✓	✓	6/11/01
9	✓	✓	6/11/01
10	✓	✓	6/11/01
11	✓	✓	6/11/01
12	✓	✓	6/11/01
13	✓	✓	6/11/01
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47	✓	✓	6/11/01
48	✓	✓	6/11/01
49	✓	✓	6/11/01
50	✓	✓	6/11/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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